

**Science Ambassador Program
Staff Development Program
Application for Staff Develop Unit Credit
Prior Approval Form**

Participant's Name: _____

Home Address: _____

School System: _____

Certification Type: _____ Position: _____

Date of Birth: _____ Social Security #: _____

Name of Course: Science Ambassador Program

Description of Course:

This 21-hour (3-day) course is the beginning of an innovative partnership between NCBDDD, GLC and science teachers. The partnership was designed to provide compelling and current public health science to educators who then develop appropriate lessons for their students. The partnership brings together public health scientists and science teachers to provide training on current public health topics for science teachers to use as the foundation for lesson plans for their students. By creating lesson plans around topics such as genetics, autism, birth defects, and fetal alcohol syndrome, teachers will engage students and bring relevant and current topics into the science classroom. The course will provide teachers the ability to connect with practicing NCBDDD scientists to enhance their knowledge of the scientific basis of different public health issues. This is followed by educational training on the development of effective and relevant lesson plans on these topics. Students will benefit from this program by becoming actively engaged and interested in the science classroom because of new and relevant science topics presented by participating teachers.

This 21-hour (3 day) course will also introduce teachers to the Georgia Learning Connections Web site and its online tool, the Lesson Plan Builder. Teachers will learn how to navigate the curriculum-based Web site and how to use this Web-based planning tool to create lesson plans, submit them for approval, edit them according to feedback received from trained evaluators, and have them published on the Georgia Learning Connections Web site.

Location of Course: _____ Dates of Course: _____

I hereby approve this person's participation in the above named Staff Development Unit Credit Program. I further certify that the goals and objectives of this course are consistent with the goals and improvement objectives of this school system.

**System Superintendent or
Staff Development Coordinator**

Date of Approval